

Iowa Racing and Gaming Commission (IRGC)  
AUTHORIZED AGENT LICENSE APPLICATION  
LICENSE FEE: \$10.00

**APPOINTEE (AGENT) MUST COMPLETE THIS SIDE OF FORM.**

*Please print legibly and use blue or black ink only.*

1. Name:	Last	First	Middle (full name)
Maiden Name (if applicable)		Aliases (if used)	
2. Social Security No. *	-- --		

**Commission Use Only**

Reviewing Official: \_\_\_\_\_

Category	Type	Occurred
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1.	_____	_____
2.	_____	_____
3.	_____	_____

Date Licensed: \_\_\_\_\_

License Number: \_\_\_\_\_

License Fee: \_\_\_\_\_ CA \_\_\_\_\_

Fingerprint Fee: \_\_\_\_\_ CK \_\_\_\_\_

Total: \_\_\_\_\_ LA \_\_\_\_\_

FP Date: \_\_\_\_\_ State: \_\_\_\_\_

ID: \_\_\_\_\_ and \_\_\_\_\_

3. Date of Birth: DD/MM/YYYY / /	4. Place of Birth (City and State; List country if other than U.S.)	5. U.S. Citizen? Yes / No
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6. Physical Description:	Height "	Weight lbs.	Gender M / F	Eye Color	Hair Color	Racial/Ethnic Group
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7. Marital Status Married / Single	8. Spouse's name:	Last	First	Middle Initial	Maiden Name (if applicable)
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9. Home Phone: ( ) -	10. Bus. Phone: ( ) -	11. Other: ( ) -
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12. Permanent Mailing Address at which service of all papers may be made upon you. (No P.O. Box)  Number and Street or Rural Route  City State Zip Code	13. Current Local Address:  Number and Street or Rural Route  City State Zip Code
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14. Questions:

A Have you **ever** been convicted, pled "guilty" or "no contest" to **any** criminal offense (felony or misdemeanor)?..... ☐ Yes ☐ No  
(This includes moving traffic violations, adjudications of delinquency & military convictions, including summary court-martials.)

B Have you **ever** been convicted of a gambling related offense?..... ☐ Yes ☐ No

C Have you **ever** been convicted or pled "guilty" or "no contest" to any alcohol or drug related offense?..... ☐ Yes ☐ No

D Have you **ever** received any type of a deferred judgment?..... ☐ Yes ☐ No

E Do you have any charges pending against you on **any** criminal offense (felony or misdemeanor)?..... ☐ Yes ☐ No

F Have you or your spouse **ever** been fined, suspended, or denied a license by a gaming or racing authority?..... ☐ Yes ☐ No  
(For careless riding suspensions, jockeys need only list those in excess of 10 days; for fines of racing industry participants, only those in excess of \$100.00 need be listed.)

G Have you **ever** been expelled, ejected, or denied privileges at any racetrack or gaming facility?..... ☐ Yes ☐ No

H Do you have any **overdue** income taxes, fines, court ordered legal obligations or judgments?..... ☐ Yes ☐ No

I Do you have any history of mental illness or repeated acts of violence?..... ☐ Yes ☐ No

J Do you have an addiction to alcohol or a controlled substance?..... ☐ Yes ☐ No

K Have you **ever** used a name other than your current legal name or maiden name?..... ☐ Yes ☐ No

15. Provide an explanation for each question in item 14 that was marked "Yes" (continue on a blank sheet of paper if needed).

Date (Mo/Yr)	County (if known)	State	Type of Offense (speeding, OWI, theft, etc.)	Category (i.e. simple, serious, or aggravated misdemeanor; or felony.)	Disposition (fine paid, jail, community service, etc.)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Certification Statement:** I hereby certify that the information provided on both sides of this application form is true and correct to the best of my knowledge and I agree to inform the Iowa Racing and Gaming Commission (Commission) of changes or updates to the information I have provided on this form, to include any criminal convictions.

I hereby make application for a license to be issued in accordance with the terms and provisions of the rules and regulations of the Commission. In making this application for a license to participate in racing and/or gaming, I understand that an investigative report may be made whereby information is obtained through personal interviews with third parties such as family members, business associates, financial sources (including requesting a credit report from a credit bureau), friends, neighbors, or others with whom I am acquainted. I further understand that this report will include information pertaining to my criminal history, credit history, character, general reputation and personal characteristics which may be applicable. **§99D.8A(4) and 99F.6(6) of the Code of Iowa: "A person who knowingly makes a false statement on the application is guilty of an aggravated misdemeanor." Penalty for such may result in a fine up to \$5,000, imprisonment up to 2 years, or both.** My signature verifies that I understand that failure to provide true and complete information, or failure to comply with Commission rules may result in a fine, suspension, denial, or revocation of this license.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

\* Disclosure of your social security number on this license application is required by 42 U.S.C. §666(a)(13) and Iowa Code Sections 252J.8(1) and 99D.8A.

# ***PERSON MAKING THE APPOINTMENT OF AUTHORIZED AGENT:***

**Name: (please print)**

\_\_\_\_\_  
(If applicable, state partnership, corporation or stable name.)

**Social Security Number\*:**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**License Number:**

\_\_\_\_\_

## **Claiming and Entry Authorization:**

I have, this day, appointed as my agent \_\_\_\_\_  
whose address is \_\_\_\_\_  
to act for me, for the years(s) of \_\_\_\_\_ and/or \_\_\_\_\_ in all matters pertaining to the claiming or  
entry of a racing animal under the rules adopted by the Iowa Racing and Gaming Commission.

## **Purses and/or Money Authorization:**

I further authorize \_\_\_\_\_ to collect all purses  
and other money due me from the licensed racing facility under the jurisdiction of the Iowa Racing and Gaming  
Commission for the years of \_\_\_\_\_ and/or \_\_\_\_\_ with authority to endorse checks of such  
payable to me by the facility under the jurisdiction of the Iowa Racing and Gaming Commission.

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Legal Address

\_\_\_\_\_  
City, State, Zip

## **Public Notary:**

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_.  
(date) (Individual's signature)

\_\_\_\_\_  
Notary name (printed)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
My commission expires

\* Disclosure of your social security number on this license application is required by 42 U.S.C. §666(a)(13) and Iowa Code Sections 252J.8(1).